

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/869094 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
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6	/		/			
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8	/		/			
9	2		/			
10	2		/			
11	2		/			
12	2		/			
13	8		/			
14	8		/			
15	/		/			
16	/		/			
17	2		/			
18	8		/			
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48					/	
49					/	
50					/	
TOTAL IND.	2		2		2	
TOTAL DEP.	23		42		21	
TOTAL CLAIMS	25		44		32	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Best Available Copy